

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596882

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	2		/			
5	2		/			
6	0		/			
7	0		/			
8	0		/			
9	0		/			
10	0		/			
11	0		/			
12	0		/			
13	/		/			
14	/		/			
15	/		/			
16	/		/			
17	2		/			
18	2		/			
19	0		/			
20	0		/			
21	0		/			
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TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	26	↑	23	↑	↑	↑
TOTAL CLAIMS	30		26			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					↓	↓
TOTAL CLAIMS						